

for five per cent of the total number of men. I should have thought that was a very large proportion. When in a given community the number of troops is increased, of course the question of hospitalization arises. I am interested, for personal reasons, in the situation in Fredericton. It now develops that the number of troops in that community has more than doubled. The military hospital accommodation was up to a maximum of eighty beds, which under the original arrangement was considered quite ample; that would take care of some 1,500 troops. There are now about 3,400 troops there, and the present accommodation is not considered sufficient. I would be inclined to agree with that. Then comes the question of new hospital facilities. Apparently the present facilities cannot be increased, and a new building will have to be erected.

That brings me to this point. Would the department of medical services give consideration to increasing the existing facilities of the civil hospital at that point? We have what is to all intents and purposes a brand new hospital, built at a substantial expense, offering accommodation, I think, to the extent of 140 beds, which, of course, is only sufficient for the civilian population. If the department and the hospital authorities could get together and provide increased accommodation of a permanent nature at the Victoria public hospital, it would serve a useful purpose post-war. Instead of that I understand it is considered necessary to construct a brand new hospital for military use only, and abandon the present facilities which have been built and equipped at great expense. I only suggest to the minister that he pass along this observation to the medical authorities, that the present civil hospital facilities at Fredericton be increased to serve both purposes. That is a brand new hospital, classified A-1 in the United States category, one of the best hospitals in the maritime provinces for its size. The accommodation there could be doubled with very little expense, because the central services are all there; all the equipment is there for X-ray work, surgery, and all that sort of thing. What is needed is additional beds; I think that is about all. There are elevator services, dietitian services and everything else for a hospital twice the size of the present one. If this suggestion could be adopted it would remove the necessity of spending a large amount of money on a new military hospital, which would be useless in the post-war period, and a very useful purpose would be served for the whole community of central New Brunswick, where there is a population of, we will say, a hundred thousand people who are

more or less dependent upon this one institution for hospitalization.

I commend this suggestion to the minister; I hope his officers will give consideration to it, instead of spending a large sum of money on a new hospital and new equipment which would be scrapped after the war. I think this question of building separate hospitals ought to be considered in the long view. I am not complaining, but I think this is a point which ought to be put forward.

Mr. RALSTON: The general principle which my hon. friend lays down has been pretty well considered, and the hon. member for Danforth will remember that in its recommendations the committee itself felt that it could not lay down any general principle but that each case would have to be considered on its merits, having regard to local conditions. One of those conditions, naturally, is the question of capital expenditure. You build an addition to a permanent hospital, and I think the cost per bed is, in most instances, double what it would be if you built what I might call a hut hospital. There is, of course, the advantage which my hon. friend mentions, if the equipment is sufficient and you do not have to duplicate equipment which is sometimes very expensive. The director-general of medical services tells me that it is the policy of his department to cooperate as far as possible with civilian institutions. I know that in Gaspé they have taken over one floor of the Gaspé hospital. The military doctors are in there, with the orderlies and all the military personnel, just as though it were a separate hospital, but they have the use of the operating room and the other equipment, which I understand is very good.

There is also the other policy of building an addition to an existing hospital. It is very seldom that we build on to a hospital, but where they do not do that they sometimes build near a hospital if they can, making it a sort of annex or wing which may be used by the hospital after the war is over.

Mr. HANSON (York-Sunbury): The situation at Fredericton is such that an addition could be built. The building was designed by a good hospital architect with the idea that it might be added to, and I am told that all the central services now exist for a hospital of 400 beds, though, of course, that may be something of an exaggeration.

Mr. RALSTON: The district officer commanding, Brigadier Anglin, spoke to me about the Fredericton situation when I was there two weeks ago. Of course he was pressing for more hospital accommodation.

If I may add a further word, the hon. member for Danforth asked as to the minutes of